

ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Decatur Memorial HospitalCity: Greensburg County: Decatur Year: **2004**

Provider Type: General Acute Hospital

I. Inpatient Care				
Hospital Service Description	Number of Set Up Beds	Number of Discharges	Number of Patient Days	Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Med/Surg	5	77	166	\$6,098
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	32	1,478	6,404	\$2,033
Neonatal Intermed	0	0	0	\$0
Obstetrics	13	279	546	\$7,807
Pediatric	0	0	0	\$0

Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	180	5,563	\$3,009
Other Services	0	0	0	NA
Acute Subtotal	50	2,014	12,679	NA
Normal Newborn	12	231	513	\$1,213

II. Outpatient Visits			
Circulatory System	7,152	Digestive System	1,384
Endocrine System	7,397	Injuries and Poison	4,591
Mental Disorder	665	Musculoskeletal	4,296
Neoplasms	1,310	Nervous	1,296
Respiratory	3,210	Urinary	4,358
Other/Unknown	23,935	Total Visits	60,176
Number of Visits to Emergency Department			11,674
Percent of Emergency Department Visits of Total Visits			19.4%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

Y - Ambulance Service (Owned)	N - Alcohol/Drug Service	Y - Anesthesia Services
Y - Audiology	Y - Blood Bank	N - Cardiac Cath Lab
N - Cardiac-Thoracic Surgery	Y - Chemotherapy Service	N - Chiropractic Service
Y - CT Scanner	N - Dental Service	Y - Dietetic Service
Y - Extracorporeal Lithotripter	N - Gerontological Service	Y - Home Health Service
N - Hospice	Y - Laboratory Anatomical	Y - Laboratory Clinical
Y - Magnetic Resonance (MRI)	N - Neonatal Nursery	N - Neurosurgical Service
Y - Nuclear Medicine	Y - Occupational Therapy	Y - Operating Room
N - Ophthalmic Surgery	N - Optometric Service	N - Organ Bank
N - Organ Transplant	Y - Orthopedic Surgery	Y - Pharmacy
Y - Physical Therapy	Y - PET Imaging	Y - Postoperative Recovery
N - Psychiatric Emergency	N - Psychiatric Child	N - Psychiatric Forensic
N - Psychiatric Geriatric	Y - Radiology Diagnostic	N - Radiology Therapeutic
N - Reconstructive Surgery	Y - Respiratory Care	Y - Rehab Inpat CARF
Y- Rehab Inpat Non CARF Acc	N- Rehab Outpatient	N- Renal Dialysis

Y - Social Services	N - Speech Pathology	Y - Surgical Inpatient
Y - Surgical Outpatient	N - Trauma Center Certified	N - Transplant Cnt Medicare
N - Urgent Care Center		

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported
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